FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informat	tion															
1. Name and Mailing Address o	f Res	pondent														
Mid-Rivers Telephone Cooperative, Inc PO Box 280 Circle, MT 59215														Check here if this is a change of address.		
Year Report Filed 3. Reporting Period (Ending Date of Pay 4. Number of Full-Time Employees during Selected																
~	Period Co	vered by Rep	ort)	iy		Reporting Period (check one):										
2017	1/12/2	2017				a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)										
SECTION II - Full-Time Employ	yees.															
	22								ber of Emplo oyees in only)					
Job Categories									Race/Ethnicity							
		Hispa					Total									
		Lat	ino			Ма	ale					Fen		Columns A - N		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	10164 Seb
		Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0
Executive/Senior Level Officials and Managers	1.1	1		5						4						10
First/Mid-Level Officials and Managers	1.2			10						4						14
Professionals	2			2	1					10						13
Technicians	3			27					1	7		_				35
Sales Workers	4			1						21						22
Administrative Support Norkers	5			3						18						21
Craft Workers	6			30					-	3					1	34
Operatives	7			7						2						9
aborers and Helpers	8			11						0						11
Service Workers	9			2						0						2
TOTAL	10	1	0	98	1	0	0	0	1	69	0	0	0	0	1	171
PREVIOUS YEAR TOTAL	11	1	0	93	1	0	0	0	0	72	0	. 0	0	0	1	168

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SECTION III - Part-Time Emplo	oyees.															
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories	Hispanic or Latino		Not-Hispanic or Latino													
					M	ale			Female						Columns A - N	
	Male	Female	White	Black or African American	Native Hawalian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	А	В	С	D	E	F	G	Н	1	J	к	L	М	N	0	
Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2									1					0	
Technicians	3	_	_			4									0	
Sales Workers	4														0	
Administrative Support Workers	5								1						1	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9		0						1						1	
TOTAL	10 0	0	0	0	0	0	0	0	2	0	0	0	0	0	2	
PREVIOUS YEAR TOTAL	11 0	0	1	0	0	0	0	0	1	0	0	ó	0	0	2	
SECTION IV - Report of Discri	mination Comp	olaints Pursua	ant to 47 CFF	R 22.321, 23.5	55, 90.168, 10°	1.4, and 101.	.311.									
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																
SECTION V - Certification	washii			57.					-							
I certify that to the best of my kn				ents in this re		nd correct. Signature										
T.		ped or Printed Name of Person Signing						17	11	7_	Telephone No.					
	Michael ((406) 485-3301														
Title of Person Signing General Manager/C	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											EVOCATION				